CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	MS. EMMA		Date Received
NAME	NICKNAME LAST	,	•
	1-0	.	20 20
	HEOS TH	Γ	2013 JI
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	JUL C
OFFICEHOLDER MAILING	8504 WH Bu	irres	
ADDRESS	0,0	,	Date Hand-delivered or Postmarked
change of address	El Paso Tx	79925	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER	1915 731-202	\cap	Date Processed
PHONE	113 101-000		Ci -
6 CAMPAIGN	MS/MRS/MR FIRST	- ha	Date Imaged
TREASURER NAME	mis Chrizu	eg <i>v</i> t	
	NICKNAME LAST	SUFFIX	
	Queta Fier	10	
- CAMBAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER		OITI, OIAL	211 0002
ADDRESS	8612 Whitus		
(residence or business)	20 1 . 30	676	
	El PASO 79	925	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	() 539-1	710	
PHONE	915	, 10	
9 REPORT TYPE	Leguery 15 20th day before election	Runoff	15th day after campaign
	January 15 30th day before election	Kunon	treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	THROUGH	, ,	(02.12
	15 64 2013	07/15/	12013
		APH	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		Consider the Constant
	Primary	Runoff	General Special
. (DS/11/2013		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	0 0 0		
,	City Rep Dist 3		
	GO TO PA	GE 2	
1			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	nnA,	Ancha	15 ACCOUNT	# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		C 11 Y
				Ec
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		ERK I
		COMMITTEE CAMPAIGN TREASURER ADDRESS		DEPT. 5: 15
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$3,211.60			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$3, 211.00			
	4. TOTAL POLITICAL EXPENDITURES \$6, 456.39			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3,010.\$57			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3 994.25			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. NOTARY PUBLIC In and for the State of Texas My commission expires 12-10-2015 Signature of Candidate or Officeholder				
AFFIX NOTARY STAM Sworn to and sub	scribed before		ta	, this the
Tacqueline J-luva Jacqueline S. Llyva Motary				
Signature of officer adm	inistering ath	Printed name of officer administering oath	Title of o	officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

OTHER THAN PLEDGES OR LOANS				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Emma Arosta		3 ACCOUNT # (E	thics Commission Filers)
5/29/2013	5 Full name of contributor out-of-state PAC (ID#_ E (/ASO / stice O -) 6 Contributor address; City; State; Zip Code E / ASO / A			8 In-kind contribution description (if applicable)
9 Principal occup	ation / Job tile (366 listinctions)	10 Employer (See 1	noti dottorio;	
Date 7/3/20/3	Full name of contributor out-of-state PAC(ID#_ CAR Roberts (ID#_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
7/3/2013	Full name of contributor out-of-state PAC (ID#_CONTRIBUTION OUT-OF-state PAC (ID#_CONT		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	oation / Job title (See Instructions)	Employer (See I		or rexas, complete conceder 17
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)?
Principal occup	pation / Job title (See Instructions)	Employer (See I)EP.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distric Printing Expense Office Overhead/Rei The Instruction Guide explains how to con	tract Labor Loan Repayment/Reimbursement ng Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ntal Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME EININH HOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date ///0	5 Payee name E/ PASO Derv	10 PA-ty
6 Amount (\$)	7 Payee address; City; State; Zip Code PA 60	\
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date //	Payee name EININA Arosta	
Amount (\$)	Payee address; City; State; Zip Code	7
2000	El Paso,	/ *
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) LOAD PANMEN +
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 7	Payee name Europhe Charlit	Union
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Low Pay Mant S
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	B JUL
Amount (\$)	Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/O		
Accounting/Banking	Legal Services Solicitation/Fundr	- '	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	0 11 1 10 27 1 1 1 10 17 17 1 10 1	
Fees	Printing Expense Office Overhead/	1	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME EMMA ATOS	3 ACCOUNT # (Ethics Commission Filers)	
4 Date ///	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
15600	·		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		PAY FOR Voluntaers	
	Candidate / Officeholder name	Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C			
Date	Payee name		
3/12/13	WALGLOENS		
Amount (\$)	Payee address; City; State; Zip Code	İ	
81.61	El PASO, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		Spircles + cokes for Volunte	ens
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	<u> </u>
Date /	Payee name	8 7	7
5/15	Denus	7, 0	
Amount (\$)	Payee address; City; State; Zip Code	Or in	
24,87	El PASQ TX	79905	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule_T)	
OF EXPENDITURE		Meeting G.7	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought O Office held	
5/25	Payee name Love Depo +		
Amount (\$)	Payee address; City; State; Zip Code		
230.82	11360 Rojas	799	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		Vacios Sigo Supplies	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE ${f F}$

	EXPENDITURE CA				4/D - ihumanmont	
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Consulting Expense Event Expense	1 000/ Develage Expense	avel Out Of Dist	rict	Candidate/Of	fficeholder/Political Committ	
Fees	Printing Expense Of	ffice Overhead/R	ental Expense	OTHER (enter a	category not listed above)	
, 555	The Instruction Guide ex	plains how to	complete this for			
1 Total pages Schedule F:	2 FILER NAME EM MM	Grost	2	3 ACCOU	NT # (Ethics Commission Fil	lers)
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4 Date	5 Payee name					
3/26	UASh				<u> </u>	<u> </u>
6 Amount (\$)	7 Payee address; City; State;	Zip Code			믒	=
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120						유
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)	(12)
OF EXPENDITURE			PAL	Molu.	1 toers	77 75
	Candidate / Officeholder name		Office sough	nt	Office held	اص
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C					तं	Lil
Date /	Payee name				cn cn	
5/29	CAS	H				
Amount (\$)	Payee address; City; State	; Zip Code				
Amount (\$)						
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OF EXPENDITURE			1 /2	y Vo	11, Heers	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office soug	ńt 	Office held	
Date /	Payee name	. 1				
5/30	CAS	<u> </u>				
Amount (\$)	Payee address; City; State	e; Zip Code				
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OF			1 /25	100	ly Jeer	رد
EXPENDITURE			Office soug	<u>}</u>	Office held	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH		Office 30dg			
Date	Payee name O					
10/7	1 CAHLE BA	yana m	7			
Amount (\$)	Payee address; City; State	e; Zip Code				
29.89	El PASO, 7	X				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Descriptio	n (If travel outside o	f Texas, complete Schedule T)	
OF EXPENDITURE			Me	o etin	<u> </u>	
Complete ONLY if direct expenditure to benefit C			Office sou	ght	Office held	
expenditure to benefit of	ATTACH ADDITIONAL CO		A COLUMN TO A S	NEEDED		
	ATTACU ADDITIONAL CO	IPIES OF THIS	SCHEDULE A	2 パピピカピカ		

Texas Ethics Commission

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	
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6 Amount (\$)	7 Payee address; City; State; Zip Code	
00	El PASO, 7	´χ.
650		(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	Conspicion Most
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office Held
expenditure to benefit C/O	H	
Date 7	Payee name Sauce Sauce	elo
Amount (\$)	Payee address; City; State; Zip Code	
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500	Elinso	<i>/</i> +
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Compain myt
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 6	Payee name Shell Service	Statio
Amount (\$)	Payee address; City; State; Zip Code	
56.70	El PAS	0 79925
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		GAS &
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date ,	Payee name	57 7
(0/10	Los Colorines	7 77
Amount (\$)	Payee address; City; State; Zip Code	\$ 0
34.75	ED PASO, 1X	LERK DEPT.
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Meeting
Complete ONLY if direct expenditure to benefit C.		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Consulting Expense Travel Out Of District Polling Expense **Event Expense** OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 FILER NAME 5 Payee name 4 Date City; State; Zip Code 7 Payee address; 6 Amount (\$) FASD, (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) **PURPOSE OF** EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Q Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Amount (\$) 125 J Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name State; Zip Code Payee address Amount (\$) ∞

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See categories listed at the top of this schedule)

Candidate / Officeholder name

Office held

Description (If travel outside of Texas, complete Schedule (T)

Office sought

PURPOSE OF **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
, 000	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME EMMA	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name Abou 7-11	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
65.00	ER PASO	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
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10/15	Dominos	
Amount (\$)	Payee address; City; State; Zip Code	
79.64	El PASO, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Dater	Payee name	
CO 17	Care Centra	U CT M
Amount (\$)	Payee address; City; State; Zip Code	PA
131.26	El PASA TI	DEP 45:
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Seriedule T)
OF EXPENDITURE		meeting
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date i	Payee name)
(0/20/2013	Hector "El Piss"	BARRAZA
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10000	Payee name Lector El Pips! Payee address; City; State; Vzip Code Cl PHSD	74
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T) Con line butter
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED
		